

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.G.		6/18/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	JM	852	02-07-01
RESPONSE FORMALITY REVIEW	SK	809	10-3-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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44	X	N	
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50	X	N	

Claim	Final	Original	Date
51	X	N	
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58	X	N	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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